

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|--|----------------------|------------------------|
| CHANGE OF CORRESPONDENCE ADDRESS Application | | Application Number | 10/826,942-Conf. #1620 |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | Filing Date | April 16, 2004 |
| | | First Named Inventor | William C. To |
| | | Art Unit | 2445 |
| | | Examiner Name | Ryan J. Jakovac |
| | | Attorney Docket No. | 7784-000728/US |
| | | | |

Please change the Correspondence Address for the above-identified application to:

The address associated with Customer Number: 27113

OR

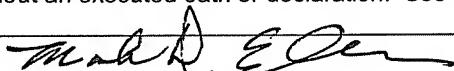
| | | |
|--------------------------|-------------------------|-----|
| <input type="checkbox"/> | Firm or Individual Name | |
| Address | | |
| City | State | Zip |
| Country | | |
| Telephone | Email | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number 33,686.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

Signature



Typed or Printed Name

Mark D. Elchuk

Date April 24, 2010

Telephone (248) 641-1600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.